OHIO DEPARTMENT OF PUBLIC SAFETY — TRAFFIC CRASH REPORT

LOCAL INFORMATION

LOCAL REPORT NUMBER *: 16-335

CRASH SEVERITY: 3 (1 FATAL, 2 INJURY, 3 PDO)

HIT/SKIP: (1 = HIT/SKIP, 2 = PROPERTY DAMAGE ONLY)

PHOTOS TAKEN: ☑ OH-2 OH-1P OH-3 OTHER

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC *: 0 8 3 0 3

REPORTING AGENCY NAME *: LEBANON POLICE DEPT.

NUMBER OF UNITS: 2

UNIT IN ERROR: 0 1 (98 = ANIMAL, 99 = UNKNOWN)

COUNTY *: 83

☑ CITY * ☐ VILLAGE * ☐ TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *: LEBANON

CRASH DATE *: 0 9 2 6 2 0 1 6

TIME OF CRASH: 0 8 5 5

DAY OF WEEK: MON

DEGREES / MINUTES / SECONDS

LATITUDE: ° ′ ″

LONGITUDE: ° ′ ″

DECIMAL DEGREES

LATITUDE: 3 9 . 4 5 6 3 8 7

LONGITUDE: -8 4 . 1 9 2 9 8 5

ROADWAY DIVISION: ☑ DIVIDED ☐ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL: N NORTHBOUND E EASTBOUND S SOUTHBOUND W WESTBOUND

NUMBER OF THRU LANES: 2

ROAD TYPES OR MILEPOST [2]: AL - ALLEY; AV - AVENUE; BL - BOULEVARD; CR - CIRCLE; CT - COURT; DR - DRIVE; HE - HEIGHTS; HW - HIGHWAY; LA - LANE; MP - MILEPOST; PK - PARKWAY; PI - PIKE; PL - PLACE; RD - ROAD; SQ - SQUARE; ST - STREET; TE - TERRACE; TL - TRAIL; WA - WAY

LOCATION ROUTE TYPE [1]:

LOCATION ROUTE NUMBER:

LOC PREFIX (N,S,E,W):

LOCATION ROAD NAME: MILLER

LOCATION ROAD TYPE [1]: R D

ROUTE TYPES [1]: IR - INTERSTATE ROUTE (INC. TURNPIKE); US - US ROUTE; SR - STATE ROUTE; CR - NUMBERED COUNTY ROUTE; TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE: 1 ☑ MILES ☐ FEET ☐ YARDS

DIR FROM REF: E (N,S,E,W)

REFERENCE ROUTE TYPE [1]:

REFERENCE ROUTE NUMBER:

REF PREFIX (N,S,E,W): N

REFERENCE NAME (ROAD, MILEPOST, HOUSE #): BROADWAY

REFERENCE ROAD TYPE [1]: A V

REFERENCE POINT USED: 1 (1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE NUMBER)

CRASH LOCATION: 0 1
01 - NOT AN INTERSECTION; 02 - FOUR-WAY INTERSECTION; 03 - T-INTERSECTION; 04 - Y-INTERSECTION; 05 - TRAFFIC CIRCLE/ROUNDABOUT; 06 - FIVE-POINT, OR MORE; 07 - ON RAMP; 08 - OFF RAMP; 09 - CROSSOVER; 10 - DRIVEWAY/ALLEY ACCESS; 11 - RAILWAY GRADE CROSSING; 12 - SHARED-USE PATHS OR TRAILS; 99 - UNKNOWN

☐ INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT: 2 (1 - ON ROADWAY; 2 - ON SHOULDER; 3 - IN MEDIAN; 4 - ON ROADSIDE; 5 - ON GORE; 6 - OUTSIDE TRAFFICWAY; 9 - UNKNOWN)

ROAD CONTOUR: 2 (1 - STRAIGHT LEVEL; 2 - STRAIGHT GRADE; 3 - CURVE LEVEL; 4 - CURVE GRADE; 9 - UNKNOWN)

ROAD CONDITIONS — PRIMARY: 0 1; SECONDARY:
01 - DRY; 02 - WET; 03 - SNOW; 04 - ICE; 05 - SAND, MUD, DIRT, OIL, GRAVEL; 06 - WATER (STANDING, MOVING); 07 - SLUSH; 08 - DEBRIS*; 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*; 10 - OTHER; 99 - UNKNOWN
* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT: 8 (1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT; 2 - REAR END; 3 - HEAD-ON; 4 - REAR-TO-REAR; 5 - BACKING; 6 - ANGLE; 7 - SIDESWIPE, SAME DIRECTION; 8 - SIDESWIPE, OPPOSITE DIRECTION; 9 - UNKNOWN)

WEATHER: 2 (1 - CLEAR; 2 - CLOUDY; 3 - FOG, SMOG, SMOKE; 4 - RAIN; 5 - SLEET, HAIL; 6 - SNOW; 7 - SEVERE CROSSWINDS; 8 - BLOWING SAND, SOIL, DIRT, SNOW; 9 - OTHER)

ROAD SURFACE: 2 (1 - CONCRETE; 2 - BLACKTOP, BITUMINOUS, ASPHALT; 3 - BRICK/BLOCK; 4 - SLAG, GRAVEL, STONE; 5 - DIRT; 6 - OTHER)

LIGHT CONDITIONS — PRIMARY: 1; SECONDARY:
1 - DAYLIGHT; 2 - DAWN; 3 - DUSK; 4 - DARK - LIGHTED ROADWAY; 5 - DARK - ROADWAY NOT LIGHTED; 6 - DARK - UNKNOWN ROADWAY LIGHTING; 7 - GLARE*; 8 - OTHER; 9 - UNKNOWN
* SECONDARY CONDITION ONLY

☐ SCHOOL ZONE RELATED

SCHOOL BUS RELATED: ☐ YES, SCHOOL BUS DIRECTLY INVOLVED; ☐ YES, SCHOOL BUS INDIRECTLY INVOLVED

☐ WORK ZONE RELATED

☐ WORKERS PRESENT; ☐ LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE); ☐ LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

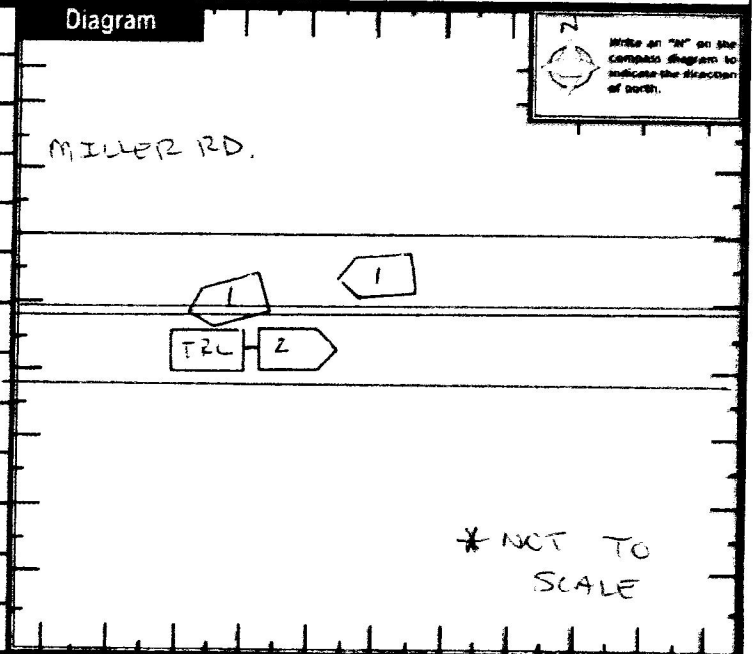
TYPE OF WORK ZONE: 1 - LANE CLOSURE; 2 - LANE SHIFT/CROSSOVER; 3 - WORK ON SHOULDER OR MEDIAN; 4 - INTERMITTENT OR MOVING WORK; 5 - OTHER

LOCATION OF CRASH IN WORK ZONE: 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN; 2 - ADVANCE WARNING AREA; 3 - TRANSITION AREA; 4 - ACTIVITY AREA; 5 - TERMINATION AREA

NARRATIVE

UNIT #1 THOUGHT HIS FRONT TIRE BLEW OUT, CAUSING HIM TO LOSE CONTROL. UNIT #2 WAS COMING THE OPPOSITE DIRECTION. UNIT #1 LOST CONTROL, AND STRUCK THE TRAILER UNIT #2 WAS PULLING.

DIAGRAM



REPORT TAKEN BY: ☑ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED: 0 9 2 6 2 0 1 6

TIME CRASH REPORTED: 0 8 5 5

DISPATCH TIME: 0 8 5 7

ARRIVAL TIME: 0 8 5 7

TIME CLEARED: 0 9 2 5

OTHER INVESTIGATION TIME:

TOTAL MINUTES: 2 8

OFFICER'S NAME *: S. DRAKE

OFFICER'S BADGE NUMBER: 118

CHECKED BY:

HSY7001 OH1 (REV 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY — UNIT

LOCAL REPORT NUMBER: 16-335

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER)	DAMAGE SCALE	DAMAGED AREA
01			4	

1 - NONE
2 - MINOR
3 - FUNCTIONAL
4 - DISABLING
9 - UNKNOWN

FRONT / REAR

OWNER ADDRESS: CITY, STATE, ZIP (☑ SAME AS DRIVER)

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	FEX9031	2G1WF52E649145176	01

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2004	CHEVY	IMPALA	MAROON

☑ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
	PROGRESSIVE	57854706	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE - INCLUDE AREA CODE: (800) 776-4737

US DOT

HM PLACARD ID NO.

HM CLASS NUMBER

VEHICLE WEIGHT GVWR/GCWR: 1
1 - LESS THAN OR EQUAL TO 10K LBS.
2 - 10,001 TO 26,000 LBS
3 - MORE THAN 26,000 LBS.

☐ HAZARDOUS MATERIAL RELEASED

CARGO BODY TYPE: 01
01 - NO CARGO BODY TYPE/NOT APPLICABLE
02 - BUS/VAN (9-15 SEATS, INC DRIVER)
03 - BUS (16+ SEATS, INC DRIVER)
04 - VEHICLE TOWING ANOTHER VEHICLE
05 - LOGGING
06 - INTERMODAL CONTAINER CHASSIS
07 - CARGO VAN/ENCLOSED BOX
08 - GRAIN, CHIPS, GRAVEL
09 - POLE
10 - CARGO TANK
11 - FLAT BED
12 - DUMP
13 - CONCRETE MIXER
14 - AUTO TRANSPORTER
15 - GARBAGE/REFUSE
99 - OTHER/UNKNOWN

TRAFFICWAY DESCRIPTION: 1
1 - TWO-WAY, NOT DIVIDED
2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN
4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
5 - ONE-WAY TRAFFICWAY

☐ HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT
01 - INTERSECTION - MARKED CROSSWALK
02 - INTERSECTION - NO CROSSWALK
03 - INTERSECTION - OTHER
04 - MIDBLOCK - MARKED CROSSWALK
05 - TRAVEL LANE - OTHER LOCATION
06 - BICYCLE LANE
07 - SHOULDER/ROADSIDE
08 - SIDEWALK
09 - MEDIAN/CROSSING ISLAND
10 - DRIVEWAY ACCESS
11 - SHARED-USE PATH OR TRAIL
12 - NON TRAFFICWAY AREA
99 - OTHER/UNKNOWN

TYPE OF USE: 1
1 - PERSONAL
2 - COMMERCIAL
3 - GOVERNMENT

☐ IN EMERGENCY RESPONSE

UNIT TYPE: 03
99 - UNKNOWN OR HIT/SKIP

PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)
01 - SUB-COMPACT
02 - COMPACT
03 - MID-SIZE
04 - FULL-SIZE
05 - MINIVAN
06 - SPORT UTILITY VEHICLE
07 - PICKUP
08 - VAN
09 - MOTORCYCLE
10 - MOTORIZED BICYCLE
11 - SNOWMOBILE/ATV
12 - OTHER PASSENGER VEHICLE

MEDIUM/HEAVY TRUCKS OR CARGO UNITS > 10K LBS
13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES
14 - SINGLE UNIT TRUCK; 3+ AXLES
15 - SINGLE UNIT TRUCK / TRAILER
16 - TRUCK/TRACTOR (BOBTAIL)
17 - TRACTOR/SEMI-TRAILER
18 - TRACTOR/DOUBLE
19 - TRACTOR/TRIPLES
20 - OTHER MEDIUM OR HEAVY VEHICLE

BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
21 - BUS/VAN (9-15 SEATS, INC DRIVER)
22 - BUS (16+ SEATS, INC DRIVER)

NOT REPORTED

ANIMAL WITH RIDER
ANIMAL WITH BUGGY, WAGON, SURREY
BICYCLE/PEDACYCLIST
PEDESTRIAN/SKATER
OTHER NON-MOTORIST

☐ HAS HM PLACARD

SPECIAL FUNCTION: 01
01 - NONE
02 - TAXI
03 - RENTAL TRUCK (OVER 10K LBS)
04 - BUS - SCHOOL (PUBLIC OR PRIVATE)
05 - BUS - TRANSIT
06 - BUS - CHARTER
07 - BUS - SHUTTLE
08 - BUS - OTHER
09 - AMBULANCE
10 - FIRE
11 - HIGHWAY/MAINTENANCE
12 - MILITARY
13 - POLICE
14 - PUBLIC UTILITY
15 - OTHER GOVERNMENT
16 - CAB
17 - FARM VEHICLE
18 - FARM EQUIPMENT
19 - MOTORCYCLE
20 - GOLF CART
21 - TRAIN
22 - OTHER (EXPLAIN IN NARRATIVE)

MOST DAMAGED AREA: 08
IMPACT AREA: 09
01 - NONE
02 - CENTER FRONT
03 - RIGHT FRONT
04 - RIGHT SIDE
05 - RIGHT REAR
06 - REAR CENTER
07 - LEFT REAR
08 - LEFT SIDE
09 - LEFT FRONT
10 - TOP/ROOF
11 - UNDERCARRIAGE
12 - LOAD/TRAILER
13 - TOTAL (ALL AREAS)
14 - OTHER
99 - UNKNOWN

ACTION: 3
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - STRIKING/STRUCK
9 - UNKNOWN

PRE-CRASH ACTIONS: 01
99 - UNKNOWN

MOTORIST
01 - STRAIGHT AHEAD
02 - BACKING
03 - CHANGING LANES
04 - OVERTAKING/PASSING
05 - MAKING RIGHT TURN
06 - MAKING LEFT TURN
07 - MAKING U-TURN
08 - ENTERING TRAFFIC LANE
09 - LEAVING TRAFFIC LANE
10 - PARKED
11 - SLOWING OR STOPPED IN TRAFFIC
12 - DRIVERLESS
13 - NEGOTIATING A CURVE
14 - OTHER MOTORIST ACTION

NON-MOTORIST
15 - ENTERING OR CROSSING SPECIFIED LOCATION
16 - WALKING, RUNNING, PLAYING, SPECIFIED LOCATION
17 - WORKING
18 - PUSHING VEHICLE
19 - APPROACHING OR LEAVING VEHICLE
20 - STANDING
21 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES

PRIMARY: 17
SECONDARY:
99 - UNKNOWN

MOTORIST
01 - NONE
02 - FAILURE TO YIELD
03 - RAN RED LIGHT
04 - RAN STOP SIGN
05 - EXCEEDED SPEED LIMIT
06 - UNSAFE SPEED
07 - IMPROPER TURN
08 - LEFT OF CENTER
09 - FOLLOWED TOO CLOSELY/ACDA
10 - IMPROPER LANE CHANGE (PASSING/OFF ROAD)
11 - IMPROPER BACKING
12 - IMPROPER START FROM PARKED POSITION
13 - STOPPED OR PARKED ILLEGALLY
14 - OPERATING VEHICLE IN NEGLIGENT MANNER
15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)
16 - WRONG SIDE/WRONG WAY
17 - FALLING ASLEEP
18 - VISION OBSTRUCTION
19 - OPERATING DEFECTIVE EQUIPMENT
20 - LOAD SHIFTING/FALLING/SPILLING
21 - OTHER IMPROPER ACTION

NON-MOTORIST
22 - NONE
23 - IMPROPER CROSSING
24 - DARTING
25 - LYING AND/OR ILLEGALLY IN ROADWAY
26 - FAILURE TO YIELD RIGHT OF WAY
27 - NOT VISIBLE (DARK CLOTHING)
28 - INATTENTIVE
29 - FAILURE TO OBEY TRAFFIC SIGNS/SIGNALS/OFFICER
30 - WRONG SIDE OF THE ROAD
31 - OTHER NON-MOTORIST ACTION

VEHICLE DEFECTS
01 - TURN SIGNALS
02 - HEAD LAMPS
03 - TAIL LAMPS
04 - BRAKES
05 - STEERING
06 - TIRE BLOWOUT
07 - WORN OR SLICK TIRES
08 - TRAILER EQUIPMENT DEFECTIVE
09 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR ACCIDENT
11 - OTHER DEFECTS

SEQUENCE OF EVENTS

1	2	3	4	5	6
20					

FIRST HARMFUL EVENT: 1
MOST HARMFUL EVENT: 1
99 - UNKNOWN

NON-COLLISION EVENTS
01 - OVERTURN/ROLLOVER
02 - FIRE/EXPLOSION
03 - IMMERSION
04 - JACKKNIFE
05 - CARGO/EQUIPMENT LOSS OR SHIFT
06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
07 - SEPARATION OF UNITS
08 - RAN OFF ROAD RIGHT
09 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN
11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON-COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED
14 - PEDESTRIAN
15 - PEDALCYCLE
16 - RAILWAY VEHICLE (TRAIN, ENGINE)
17 - ANIMAL - FARM
18 - ANIMAL - DEER
19 - ANIMAL - OTHER
20 - MOTOR VEHICLE IN TRANSPORT
21 - PARKED MOTOR VEHICLE
22 - WORK ZONE MAINTENANCE EQUIPMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT
25 - IMPACT ATTENUATOR/CRASH CUSHION
26 - BRIDGE OVERHEAD STRUCTURE
27 - BRIDGE PIER OR ABUTMENT
28 - BRIDGE PARAPET
29 - BRIDGE RAIL
30 - GUARDRAIL FACE
31 - GUARDRAIL END
32 - PORTABLE BARRIER
33 - MEDIAN CABLE BARRIER
34 - MEDIAN GUARDRAIL BARRIER
35 - MEDIAN CONCRETE BARRIER
36 - MEDIAN OTHER BARRIER
37 - TRAFFIC SIGN POST
38 - OVERHEAD SIGN POST
39 - LIGHT (ILLUMINATION SUPPORT)
40 - UTILITY POLE
41 - OTHER POST, POLE OR SUPPORT
42 - CULVERT
43 - CURB
44 - DITCH
45 - EMBANKMENT
46 - FENCE
47 - MAILBOX
48 - TREE
49 - FIRE HYDRANT
50 - WORK ZONE MAINTENANCE EQUIPMENT
51 - WALL, BUILDING, TUNNEL
52 - OTHER FIXED OBJECT

UNIT SPEED
☐ STATED
☐ ESTIMATED

POSTED SPEED

TRAFFIC CONTROL: 01
01 - NO CONTROLS
02 - STOP SIGN
03 - YIELD SIGN
04 - TRAFFIC SIGNAL
05 - TRAFFIC FLASHERS
06 - SCHOOL ZONE
07 - RAILROAD CROSSBUCKS
08 - RAILROAD FLASHERS
09 - RAILROAD GATES
10 - CONSTRUCTION BARRICADE
11 - PERSON (FLAGGER, OFFICER)
12 - PAVEMENT MARKINGS
13 - CROSSWALK LINES
14 - WALK/DON'T WALK
15 - OTHER
16 - NOT REPORTED

UNIT DIRECTION: FROM 3 TO 4
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

OHIO TRAFFIC SAFETY — UNIT

LOCAL REPORT NUMBER: 16-335

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER)	DAMAGE SCALE	DAMAGED AREA
02	LAVINE, GREGORY	(937) 885-4545	1	

OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)
1809 E LYTLE FIVE POINTS, CENTERVILLE, OH 45458

DAMAGE SCALE: 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

DAMAGED AREA: Front, Rear; 01, 02, 03, 04, 05, 06, 07, 08, 09, 10

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	PFE9871	1GTHK24255E341943	02

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2005	GMC	TK	RED

PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
☑	CINTI INSURANCE COMP.	EBA0093537	JACOBS

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE - INCLUDE AREA CODE

US DOT

HM PLACARD ID NO.

HM CLASS NUMBER

VEHICLE WEIGHT GVWR/GCWR: 1 - Less Than or Equal to 10K Lbs. 2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs. — 1

☐ HAZARDOUS MATERIAL RELEASED

CARGO BODY TYPE: 01 - No Cargo Body Type/Not Applicable; 02 - Bus/Van (9-15 Seats, Inc Driver); 03 - Bus (16+ Seats, Inc Driver); 04 - Vehicle Towing Another Vehicle; 05 - Logging; 06 - Intermodal Container Chassis; 07 - Cargo Van/Enclosed Box; 08 - Grain, Chips, Gravel; 09 - Pole; 10 - Cargo Tank; 11 - Flat Bed; 12 - Dump; 13 - Concrete Mixer; 14 - Auto Transporter; 15 - Garbage/Refuse; 99 - Other/Unknown — 01

TRAFFICWAY DESCRIPTION: 1 - Two-Way, Not Divided; 2 - Two-Way, Not Divided, Continuous Left Turn Lane; 3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median; 4 - Two-Way, Divided, Positive Median Barrier; 5 - One-Way Trafficway — 1

☐ HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT: 01 - Intersection - Marked Crosswalk; 02 - Intersection - No Crosswalk; 03 - Intersection - Other; 04 - Midblock - Marked Crosswalk; 05 - Travel Lane - Other Location; 06 - Bicycle Lane; 07 - Shoulder/Roadside; 08 - Sidewalk; 09 - Median/Crossing Island; 10 - Driveway Access; 11 - Shared-Use Path or Trail; 12 - Non-Trafficway Area; 99 - Other/Unknown

TYPE OF USE: 1 - Personal; 2 - Commercial; 3 - Government — 1

☐ IN EMERGENCY RESPONSE

UNIT TYPE — 07

Passenger Vehicles (less than 9 passengers): 01 - Sub-Compact; 02 - Compact; 03 - Mid Size; 04 - Full Size; 05 - Minivan; 06 - Sport Utility Vehicle; 07 - Pickup; 08 - Van; 09 - Motorcycle; 10 - Motorized Bicycle; 11 - Snowmobile/ATV; 12 - Other Passenger Vehicle

Med/Heavy Trucks or Combo Units > 10K lbs: 13 - Single Unit Truck or Van 2Axle, 6 Tires; 14 - Single Unit Truck; 3+ Axles; 15 - Single Unit Truck / Trailer; 16 - Truck/Tractor (Bobtail); 17 - Tractor/Semi-Trailer; 18 - Tractor/Double; 19 - Tractor/Triples; 20 - Other Med/Heavy Vehicle

Bus/Van/Limo (9 or More Seats, Inc Driver): 21 - Bus/Van (9-15 Seats, Inc Driver); 22 - Bus (16+ Seats, Inc Driver)

Non-Motorist: 23 - Animal With Rider; 24 - Animal With Buggy, Wagon, Surrey; 25 - Bicycle/Pedalcyclist; 26 - Pedestrian/Skater; 27 - Other Non-Motorist

99 - Unknown or Hit / Skip

☐ HAS HM PLACARD

SPECIAL FUNCTION: 01 - None; 02 - Taxi; 03 - Rental Truck (Over 10k Lbs); 04 - Bus - School (Public or Private); 05 - Bus - Transit; 06 - Bus - Charter; 07 - Bus - Shuttle; 08 - Bus - Other; 09 - Ambulance; 10 - Fire; 11 - Highway/Maintenance; 12 - Military; 13 - Police; 14 - Public Utility; 15 - Other Government; 16 - Construction Equip.; 17 - Farm Vehicle; 18 - Farm Equipment; 19 - Motorcycle; 20 - Golf Cart; 21 - Train; 22 - Other (Explain in Narrative) — 01

MOST DAMAGED AREA — 12

IMPACT AREA — 12

01 - None; 02 - Center Front; 03 - Right Front; 04 - Right Side; 05 - Right Rear; 06 - Rear Center; 07 - Left Rear; 08 - Left Side; 09 - Left Front; 10 - Top and Windows; 11 - Undercarriage; 12 - Load/Trailer; 13 - Totaled; 14 - Other; 99 - Unknown

ACTION — 4

1 - Non-Contact; 2 - Non-Collision; 3 - Striking; 4 - Struck; 5 - Striking/Struck; 9 - Unknown

PRE-CRASH ACTIONS — 01

99 - Unknown

Motorist: 01 - Straight Ahead; 02 - Backing; 03 - Changing Lanes; 04 - Overtaking/Passing; 05 - Making Right Turn; 06 - Making Left Turn; 07 - Making U Turn; 08 - Entering Traffic Lane; 09 - Leaving Traffic Lane; 10 - Parked; 11 - Slowing or Stopped in Traffic; 12 - Driverless; 13 - Negotiating a Curve; 14 - Other Motorist Action

Non-Motorist: 15 - Entering or Crossing Specified Location; 16 - Walking, Running, Jogging, Playing, Cycling; 17 - Working; 18 - Pushing Object; 19 - Approaching or Leaving Vehicle; 20 - Standing; 22 - Other Non-Motorist Action

CONTRIBUTING CIRCUMSTANCES

PRIMARY — 01

SECONDARY

99 - Unknown

Motorist: 01 - None; 02 - Failure to Yield; 03 - Ran Red Light; 04 - Ran Stop Sign; 05 - Exceeded Speed Limit; 06 - Unsafe Speed; 07 - Improper Turn; 08 - Left of Center; 09 - Followed Too Closely/ACDA; 10 - Improper Lane Change /Passing/Off Road; 11 - Improper Backing; 12 - Improper Start From Parked Position; 13 - Stopped or Parked Illegally; 14 - Operating Vehicle in Negligent Manner; 15 - Swerving to Avoid (Due to External Conditions); 16 - Wrong Side/Wrong Way; 17 - Failure to Control; 18 - Vision Obstruction; 19 - Operating Defective Equipment; 20 - Load Shifting/Falling/Spilling; 21 - Other Improper Action

Non-Motorist: 22 - None; 23 - Impairment (Explain in Narrative); 24 - Darting; 25 - Lying and/or Illegally in Roadway; 26 - Failure to Yield Right of Way; 27 - Not Visible (Dark Clothing); 28 - Inattentive; 29 - Failure to Obey Traffic Signs /Signals/Officer; 30 - Wrong Side of the Road; 31 - Other Non-Motorist Action

VEHICLE DEFECTS: 01 - Turn Signals; 02 - Head Lamps; 03 - Tail Lamps; 04 - Brakes; 05 - Steering; 06 - Tire Blow-out; 07 - Worn or Slick Tires; 08 - Trailer Equipment Defective; 09 - Motor Trouble; 10 - Disabled From Prior Accident; 11 - Other Defects

SEQUENCE OF EVENTS

1	2	3	4	5	6
20					

FIRST HARMFUL EVENT — 1

MOST HARMFUL EVENT — 1

99 - Unknown

Non-Collision Events: 01 - Overturn/Rollover; 02 - Fire/Explosion; 03 - Immersion; 04 - Jackknife; 05 - Cargo/Equipment Loss or Shift; 06 - Equipment Failure (Blown Tire, Brake Failure, etc); 07 - Separation of Units; 08 - Ran Off Road Right; 09 - Ran Off Road Left; 10 - Cross Median; 11 - Cross Center Line Opposite Direction of Travel; 12 - Downhill Runaway; 13 - Other Non-Collision

Collision With Person, Vehicle or Object Not Fixed: 14 - Pedestrian; 15 - Pedalcycle; 16 - Railway Vehicle (Train, Engine); 17 - Animal - Farm; 18 - Animal - Deer; 19 - Animal - Other; 20 - Motor Vehicle In Transport; 21 - Parked Motor Vehicle; 22 - Work Zone Maintenance Equipment; 23 - Struck By Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle; 24 - Other Movable Object

Collision With Fixed Object: 25 - Impact Attenuator/Crash Cushion; 26 - Bridge Overhead Structure; 27 - Bridge Pier or Abutment; 28 - Bridge Parapet; 29 - Bridge Rail; 30 - Guardrail Face; 31 - Guardrail End; 32 - Portable Barrier; 33 - Median Cable Barrier; 34 - Median Guardrail Barrier; 35 - Median Concrete Barrier; 36 - Median Other Barrier; 37 - Traffic Sign Post; 38 - Overhead Sign Post; 39 - Light Pole/Luminaire Support; 40 - Utility Pole; 41 - Other Post, Pole or Support; 42 - Culvert; 43 - Curb; 44 - Ditch; 45 - Embankment; 46 - Fence; 47 - Mailbox; 48 - Tree; 49 - Fire Hydrant; 50 - Work Zone Maintenance Equipment; 51 - Wall, Building, Tunnel; 52 - Other Fixed Object

UNIT SPEED — ☐ Stated ☐ Estimated

POSTED SPEED

TRAFFIC CONTROL — 01

01 - No Controls; 02 - Stop Sign; 03 - Yield Sign; 04 - Traffic Signal; 05 - Traffic Flashers; 06 - School Zone; 07 - Railroad Crossbucks; 08 - Railroad Flashers; 09 - Railroad Gates; 10 - Construction Barricade; 11 - Person (Flagger, Officer); 12 - Pavement Markings; 13 - Crosswalk Lines; 14 - Walk/Don't Walk; 15 - Other; 16 - Not Reported

UNIT DIRECTION — FROM 4 TO 3

1 - North; 2 - South; 3 - East; 4 - West; 5 - Northeast; 6 - Northwest; 7 - Southeast; 8 - Southwest; 9 - Unknown

OHIO DEPARTMENT OF PUBLIC SAFETY — MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER: 16-335

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
01	NETHERTON, JAMES S	11/26/1947	68	M

ADDRESS, CITY, STATE, ZIP: 341 CHAUCER RD, DAYTON, OH 45431

CONTACT PHONE - INCLUDE AREA CODE: (937) 254-8812

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1				04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C ENDO.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	RT293809	4	☐	☐	1						

OFFENSE CHARGED (■ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HAZMAT PLACARD SIGN USED	DRIVER DISTRACTED BY
331.38	FAILURE TO CONTROL	070509	☐	

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
02	DEWITT SR., RODNEY D	06/02/1966	50	M

ADDRESS, CITY, STATE, ZIP: 312 L6 SPENCE ROAD, NEW CARLISLE, OH 45344

CONTACT PHONE - INCLUDE AREA CODE: (614) 679-6941

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1				04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C ENDO.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	RJ291463	4	☐	☐							

OFFENSE CHARGED (■ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HAZMAT PLACARD SIGN USED	DRIVER DISTRACTED BY
			☐	

INJURIES
1 No Injury / None Reported
2 Possible
3 Non-Incapacitating
4 Incapacitating
5 Fatal

INJURED TAKEN BY
1 Not Transported / Treated at Scene
2 EMS
3 Police
4 Other
9 Unknown

SAFETY EQUIPMENT USED
Motorist
01 None Used - Vehicle Occupant
02 Shoulder Belt Only Used
03 Lap Belt Only Used
04 Shoulder and Lap Belt Used
99 Unknown Safety Equipment
95 Child Restraint System Forward Facing
96 Child Restraint System Rear Facing
97 Booster Seat
98 Helmet Used
Non-Motorist
99 None Used
10 Helmet Used
11 Protective Pads Used (Elbows, Knees, Etc)
12 Reflective Clothing
13 Lighting
14 Other

SEATING POSITION
01 Front - Left Side (Motorcycle Driver)
02 Front - Middle
03 Front - Right Side
04 Second - Left Side (Motorcycle Passenger)
05 Second - Middle
06 Second - Right Side
07 Third - Left Side (Motorcycle Sidecar)
08 Third - Middle
09 Third - Right Side
10 Sleeper Section of Cab (Truck)
11 Passenger - Other Enclosed Cargo Area (Non-Trailing Unit, i.e. Bus, Pickup with Cap)
12 Passenger in Unenclosed Cargo Area
13 Trailing Unit
14 Riding in Vehicle Designed for Persons with Disabilities
15 Wheelchair
16 Other
99 Unknown

AIR BAG USAGE
1 Not Deployed
2 Deployed Front
3 Deployed Side
4 Deployed Both Front/Side
5 Not Applicable
6 Deployed Unknown

EJECTION
1 Not Ejected
2 Totally Ejected
3 Partially Ejected
4 Not Applicable

TRAPPED
1 Not Trapped
2 Extricated by Mechanical Means
3 Extricated by Non-Mechanical Means

OPERATOR LICENSE CLASS
1 Class A
2 Class B
3 Class C
4 Regional Class (Specify)
5 M/C/Moped Only

CONDITION
1 Apparently Normal
2 Physically Impaired
3 Emotional (Depressed, Angry, Disturbed)
4 Illness/Fainting/Diabetic/Seizure
5 Fell Asleep, Fainted, Fatigued
6 Under The Influence of Medications, Drugs, Alcohol
7 Other
9 Unknown

ALCOHOL/DRUG SUSPECTED
1 None
2 ALC Suspected
3 ALC & DRG Suspected
4 DRG Suspected
5 Other Suspected
9 Unknown

ALCOHOL TEST STATUS
1 None Given
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown

ALCOHOL TEST TYPE
1 None
2 Blood
3 Urine
4 Breath
5 Other

DRUG TEST STATUS
1 None Given
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown

DRUG TEST TYPE
1 None
2 Blood
3 Urine
4 Other

DRIVER DISTRACTED BY
1 Not Distracted / Unknown
2 Phone
3 Texting
4 Electronic Equipment Other Than Phone
5 Other Electronic Device (Navigation Device, Radio, PDA)
6 Other Inside Vehicle
7 Outside Distraction

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
02	THOMAS, KEITH	05/19/1966	50	M

ADDRESS, CITY, STATE, ZIP: 64 DESALES AVE, UNIT B, LEBANON, OH 45036

CONTACT PHONE - INCLUDE AREA CODE: (513) 200-9615

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1				04	☐	04	1	1	1

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS, CITY, STATE, ZIP:

CONTACT PHONE - INCLUDE AREA CODE:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					☐			2	4

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

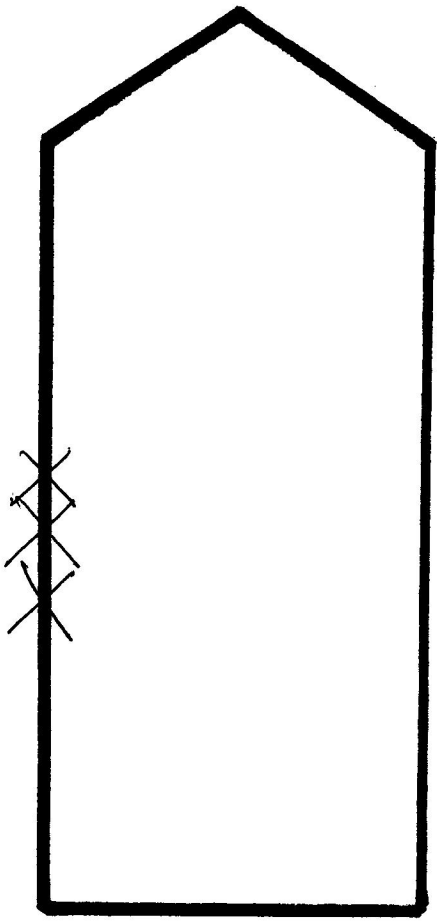
LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
16-18030	LEBANON PD	M 9 D 26 Y 16
IN COUNTY OF	CRASH LOCATION	
WARREN	MILLER RD EXTENSION	

SUD 8739

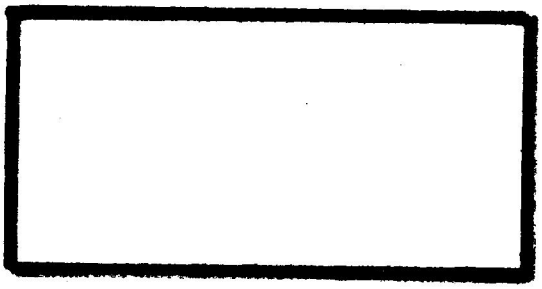
Plate #

BLACK

Color



Damaged area



Items in or on

OFFICER'S SIGNATURE	BADGE NUMBER
X S. DRAKE	118